

L19000021373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

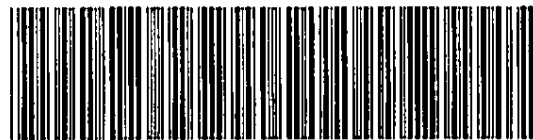
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

name must match our records.

new name must have suffix

Office Use Only



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2022 FEB -7 PM 12:21  
COSTA MESA, CA  
FBI

Name Change

FEB 14 2022  
D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MERIE KENOPHYIOLOGY  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTIA GNECO  
Name of Person

MERIE KENOPHYIOLOGY LLC  
Firm/Company

112 SE 28 TERR APT 13  
Address

HOMESTEAD FL 33033  
City/State and Zip Code

MATTIA GNECO 83 @ Gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTIA GNECO at (786) 383 8782  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022 FEB -7 PM 12:2

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2022

MATTIA GNECO  
MENIC NEUROPHYSIOLOGY LLC  
112 SE 28TH TERR., APT 13  
HOMESTEAD, FL 33033

SUBJECT: MENIC NEUROPHYSIOLOGY LLC  
Ref. Number: L19000021373

We have received your document for MENIC NEUROPHYSIOLOGY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

I am sorry but we are having a hard time reading your writing. Please make sure it is legible so we can put the correct information on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 622A00001433

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Menic Neurophysiology LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_

Florida document number L19000021373

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Menic Neurophysiology LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

112 SE 28 TERR APT 13  
HOYTEAD FL 33033

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MARIA GNECO

New Registered Office Address:

Enter Florida street address

Miami

City

Florida

33033

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent



This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

GNELO IRTUA  
Typed or printed name of signee